2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90111 030 ***158.75

DOCUMENT # P96000078419 ✓

1. Entity Name
GATOR ELECTRIC SERVICE OF SO. FLA, INC.

Principal Place of Business	Mailing Address
744 BARNETT DR. Suite 14 LAKE WORTH, FLA. 33461	

623671

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
744 BARNETT DR.	
Suite, Apt. #, etc. 14	Suite, Apt. #, etc.
City & State LAKE WORTH, FLA.	City & State
Zip 33461	Zip
Country Palm Bch.	Country

4. FEI Number
65-0387857
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: ALICE RILEY Street Address (P.O. Box Number is Not Acceptable): 744 Barnett Dr. Ste 14 City: LAKE WORTH **FL** Zip Code: 33461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALICE RILEY Pres. — DATE: 02/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when combined)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ALICE RILEY 13170 69th St. N. W.P.B. FLA. 33412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR-VICE-PRESIDENT RUDNEY RILEY 212 NANCY RD. PELION SC. 29123	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT BRUCE RILEY 13170 69th St. N. W.P.B. FLA. 33412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ALICE RILEY 13170 69th St. N. W.P.B. FLA. 33412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BRUCE RILEY 13170 69th St. N. W.P.B. FLA. 33412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE RILEY 02/21/01 561-586-5807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #